

CHAPTER 2

TECHNICIAN ADMINISTRATION AND RESPONSIBILITIES

The efficient operation of a dental clinic depends upon its administration and its personnel. In this chapter we discuss some of the administrative responsibilities that a basic dental assistant is expected to perform. Such duties include:

- Performing as a dental receptionist
- Performing as a dental assistant in a clerical assignment
- Answering the telephone
- Receiving patients entering the dental clinic
- Preparing and maintaining files and dental treatment records
- Assisting patients in completing dental treatment forms
- Maintaining central dental appointment desk operations
- Maintaining dental recall
- Maintaining the call list system

Other duties could involve the use of a computer to enter patient and dental information to update records or to generate required dental reports and correspondence and to keep track of dental supplies and equipment for your command.

To perform the above duties, you must develop good communication skills. You will be required to receive, record, and relay information to others. You should be able to express yourself clearly and listen effectively.

PATIENT MANAGEMENT

As a health care provider, you will be assisting patients coming into the dental clinic for treatment. The most important aspect of dental care that your patients receive is quality dental care. You must always ask yourself the following questions concerning the care you give:

- Was the care competent?
- Was the care effective?

- Was it of the highest quality?

Remember, as a member of the Navy and the dental health team, your commitment to professional excellence should always be your primary goal.

PATIENT CONTACT POINT

Patient contact is when two people interact, one requesting a service and the other providing the service. Three factors are involved at this contact point:

- The patient
- The health care provider
- The physical spaces in the dental clinic

The Patient

The most important concern is the patient. The receptionist is the first person in the dental clinic to come in contact with the patient. First impressions are lasting impressions and affect our attitude. They also affect the patient's attitude. If the first impression is favorable, there is a good chance that the patient's attitude will be positive. No two patients are the same. Each patient is cared for individually. Most of your patients have been treated at dental clinics before and will exhibit normal behavior. They are on time for the appointments and are cooperative during each treatment. On the other hand, there are patients who look at a visit to the dentist as an unpleasant experience. This behavior or attitude may have come from various factors that include:

- Previous dental care received
- Current situations in life outside the dental clinic
- Anxieties, stress, tension, conflicts
- Fear of pain
- Being dental phobic (an overwhelming feeling of panic and terror)

The dental officer and you, as the assistant, must always be aware of the patient's responses. Be

prepared to deal with these negative feelings and work to put the patient at ease.

The Health Care Provider

The second factor in the contact point is the health care provider. Your appearance, attitude, and behavior will influence the patient's attitude and the ultimate outcome of the dental visit. You must always recognize your obligation to give the best care that you are capable of giving to every patient you see. This care must reflect a belief in the worth and dignity of every patient as a human being. Courteous, efficient, attention to detail, and conscientious service are the mark of an outstanding Dental Technician. Respect for patients' right to privacy must always be honored, particularly when it involves privileged information to you. Such information should never be repeated to any unauthorized person. Your patients' welfare is of the utmost importance.

Physical Spaces

The third factor at the contact point is physical spaces of the dental clinic. Always keep all areas clean, comfortable, and pleasantly decorated. Reception areas should be supplied with current literature and recorded music or a television. This will help a patient to relax.

RECORDS AND RECEPTION

The records and reception area (front desk) is a vital part of the dental treatment facility. To a very large extent, this department is directly responsible for the image of the dental service provided. It can determine how the patients view the dental service, its personnel, and the overall clinic operation. First impressions are critically important, and it is in this area of the clinic that patients most often have initial contact, either in person or by telephone. The basic functions of this area are to receive patients, decide their treatment eligibility, schedule dental appointments, and prepare and keep dental records.

COMMUNICATION

Communication skills that are efficient and effective is one of the most important parts of your job. You must be a good communicator with others. When communicating with patients, do not use technical terms, rather use simple laymen terms that the patient is familiar with and can understand. Avoid words that

might upset or frighten the patient. The table below lists words to avoid, and suggestions for more appropriate words.

Spit	Saliva, Remove fluid
Shot	Anesthetic
Extract or Pull	Remove
Pain or Hurt	Discomfort
Tooth Filling	Restoration
Fake or False Teeth	Dentures
Suction	Evacuate or Remove
Drill	Preparation
Waiting Room or Lobby	Reception Area

Be an effective listener, allow the patient to explain the problem. Don't jump to conclusions without examining all the facts. Take special care with patients who have hearing or speech disabilities. You should speak slowly, distinctly, and loud enough at the contact point to be heard easily. Eye contact is a must. If you are talking to a patient and looking at something else, this will relay to the patient that you are not giving them your attention in the communication.

Body Language

Body language is another important form of communication. It is nonverbal, but still can send messages to the patient. It includes how you carry yourself and move around the dental clinic. Gestures, facial expressions, posture, attitudes, and tone of your voice reflect your body language. If your patient is grasping the arms of the dental chair, this might be an indication that your patient may be tense. Facial expression, such as wincing of the eyes, are also indicators that your patient may be uncomfortable. When treating a patient, always watch for body language and let the dental officer know if you see anything peculiar. You should also be aware of your own body language. In the dental operator, your mouth will be covered with a face mask and the patient will not see any expression from your mouth. If all of a sudden, you open your eyes too wide, this might send a message to the patient that something is wrong. Remember your patient usually is looking at you and the dentist when being treated. Pay attention to body language so you do not convey a negative reaction to your patient.

Telephone Courtesy

Other than face-to-face conversation, the telephone is the most frequent means of personal communication. In fact, it is one of the most important pieces of equipment in the clinic. All elements of desired human relations already covered apply to telephone conversation; however, since the person to whom you speak on the telephone cannot see you, this can lead to certain difficulties. Here are some general principles to remember that will be helpful in overcoming or preventing these difficulties:

- When you speak on the telephone, you are representing the dental treatment facility (DTF). The opinion the patient has of the entire medical facility may often depend on this first telephone contact.
- Use a sincere, pleasant, easy-to-understand voice. Since the person on the other end cannot see you smile, put a smile in your voice. Develop this habit to the point that you do it unconsciously.
- Answer promptly. A good rule is try to answer by the third ring.
- Be clear, concise, and accurate. Double check all specific information given or taken on the telephone. If you make the call, plan what you will say ahead of time. The other person's time is also valuable.
- State your name, rank, and duty station, such as: "Naval Dental Clinic, Pensacola, DT3 Frost, May I help you?"
- Know the local policies. Most clinics have certain limitations as to the information that can be given over the telephone. Be sure you know the policies and have all the necessary information at your finger tips, especially information about appointments.
- **Never** diagnose on the telephone. Diagnosis is not your function. The patient, however, does not know your qualifications; if the information required by the caller is out of your area of responsibility, contact the proper authority or set up an appropriate appointment in accordance with local policies.
- **Never** prescribe on the telephone (e.g., just take four aspirins and come to sick call). Obtain accurate information if the dentist is busy, and

decide whether the nature of the call is administrative or professional.

- Record calls. If the telephone message is for someone who is not available at the time, or if it requires information that needs further investigation, be certain that the information is accurately recorded. A convenient form (SF 63, Memorandum of Call) is available for this purpose.

TREATMENT ELIGIBILITY

Who is authorized dental care? If a person in civilian clothes came to your clinic requesting treatment, what would you do? How would you decide the patient's eligibility for treatment? The easiest way is to look at the person's identification card. It will tell you whether the person is active duty, guard, reserve, family member, retired, or civilian, and if the card has expired. All of these categories of patients are authorized some type of treatment. To decide a patient's treatment eligibility, you must verify the eligibility through the Defense Enrollment Eligibility Reporting System (DEERS) and know the types of dental care available and priority care authorized.

Verification of the Defense Enrollment Eligibility Reporting System (DEERS)

DEERS is a computer-based enrollment and eligibility verification system. It assists with elimination of waste, fraud, and abuse by unauthorized personnel seeking health care.

Normally the reception desk is responsible for DEERS verification. Some clinics have online computer terminals. Other clinics communicate with the main computer by telephone. The DEERS verification process is outlined in OPNAVINST 1750.2.

Types of Dental Care

There are several types of dental care including routine, emergency, and elective. The person's eligibility will determine the type of treatment that can be provided.

ROUTINE DENTAL CARE.—This treatment includes all the medical, surgical, and restorative treatment of oral disease, injuries, and deficiencies that come within the field of dentistry as commonly

practiced by the dental profession. This service is preventive and corrective and includes:

- Dental examinations and advice on dental health.
- Restoration of lost tooth structure.
- Treatment of periodontal conditions.
- Surgical procedures.
- Replacement of missing teeth essential to personal appearance, the performance of military duty, or the proper mastication of food.

EMERGENCY DENTAL CARE.—This is treatment necessary to relieve pain, control bleeding, and manage acute septic conditions or injuries to the oral-facial structures. Emergency dental care is authorized worldwide for personnel of all categories.

Dental officers must be available at all times to provide emergency care. All dental commands have duty Dental Technicians and a duty dentist either on board or on call that evaluate all patients requesting care after normal duty hours. These evaluations may be accomplished by the dental officer over the telephone; however, the duty dental officer must provide care for all true dental emergencies.

ELECTIVE DENTAL CARE.—This type of care a dentist may authorize but may also defer. Each case should be evaluated individually based on Navy policy. Examples of elective dental are malocclusion, orthodontics, replacing amalgam fillings with gold crowns, etc.

Priority of Care

Naval Dental Treatment Facilities (DTFs) will provide care to all eligible beneficiaries subject to the capabilities of the professional staff and the availability of space and facilities.

In those instances when care cannot be rendered to all eligible beneficiaries, the priorities in the following chart must prevail. No distinction as to the sponsoring uniformed service will be made when providing care or deciding priorities.

Priority Category

The following priority categories should be assigned as appropriate:

- 1A Members of the uniformed services on active duty.

- 1B Members of a Reserve Component of the Armed Forces and National Guard personnel.
- 2 Family member of active duty members of the uniformed services; family members of persons who died while in such a status.
- 3 Members of the Senior Reserve Officers' Training Corps.
- 4 Retired members of the uniformed services and their family members (including family members of deceased retired members.)
- 5 Civilian employees of the Federal Government.
- 6 All others.

The rendering of emergency dental treatment to any person when such treatment is necessary and demanded by the laws of humanity or the principles of international courtesy will always apply. Receipt of payment (in any form) is prohibited by any dental officer or Dental Technician or from anyone for any dental service in a naval dental activity.

SCHEDULING PATIENTS

Once you know the patient's eligibility and the type of dental care to provide, you can schedule an appointment. Dental procedures can vary from clinic to clinic, as well as, the type of appointment system and the method of scheduling appointments.

In most cases, appointments are based on fixed, non-variable lengths, such as 45, 60, or 90 minute lengths, or as an incremental time method using 10, 15, or 20 minute units of time. The increment method is often the best use of treatment time because the patient is appointed only for the time needed to complete the procedure.

Whatever type of appointment system is used when you schedule appointments, make sure you do so accurately. Enter the information in the appointment book or computer system first, and then complete the patient's appointment card. If you complete the patient's appointment card with the date and time of the appointment first, and then enter the information in the appointment book or computer-based system (CHCS-Composite Health Care System), you risk having more than one patient scheduled for an appointment time. This can happen easily if you are interrupted and fail to record the information into the appointment book or system.

A policy can be adopted of reappointing patients to the same operator for all subsequent treatment if needed. This policy is particularly applicable to operative dentistry patients. On the other hand, a policy of reappointing patients to the next available open time may be preferable. Another alternate is to keep a few appointments open, thus permitting some flexibility in the dentists' schedules, allowing them to take care of unforeseen situations that may arise from time to time. Next we will discuss the patient register, dental appointment book, and appointment cards.

Patient Register

The patient register or log is maintained at the appointment desk and shows the date, name, rank/rate, and reason for the visit. It is usually a log-type book, which lists every patient who was seen at the DTF on a particular day.

Dental Appointment, Daily, NAVMED 6600/5

At most DTFs, dental appointments are scheduled at the Central Appointment Desk. This department usually takes care of the appointment schedule(s) for the entire DTF. The appointment book consists of a series of NAVMED 6600/5 Forms (fig. 2-1) or local forms that resemble the 6000/5.

Dental Appointment Card, NAVMED 6600/6

A NAVMED 6600/6 (fig. 2-2) is given to each patient scheduled for a dental appointment. Other dental appointment card types can also be used depending on your DTF's policy. Figure 2-3 illustrates a Dental Appointment Slip that has carbon copies and comes in 3 parts.

Appointment Failures or "No Shows"

Appointment failures result in the loss of man-hours for providers and should be kept to a minimum. There is no single best way to handle appointment failures. The DTF's commanding officer (CO) or officer in charge (OIC) should consider procedures and methods to keep lost time to a minimum. An active liaison between the DTF and the organizational units will also help minimize the problem.

You can help eliminate appointment failures by impressing upon patients the importance of keeping them. If time permits, you could contact patients by telephone before their appointments to remind them of

the date and time. If you have a broken appointment or cancellation, you should notify the appointment desk. It may be possible to fill the appointment time with a sick-call patient or a patient waiting for treatment. Another method of minimizing lost time is the patient call list, which is discussed next.

Patient Call List

The Patient Call List is used for patients requiring extensive treatment, or need to be seen sooner than the next available scheduled appointment time. The list of patients usually live or work a short distance from the DTF, or are available on short notice in case of a broken appointment or cancellation.. A call list log should contain the patient's name, rank/rate, home/office telephone number, and dental treatment to be performed.

DENTAL COMPUTERIZED RECALL

The computerized dental recall system is used to schedule military patient's return to the DTF on a 3-, 6-, or 12-month basis for routine or specialized treatment (e.g., examinations, perio).

The system uses twelve separate lists or file sections (one for each month). It is continuously updated, month by month. Most DTFs have a recall list that operates with custom computer software programs installed on personal computers (PCs) such as the Dental Management Information System (DENMIS).

DENTAL MANAGEMENT INFORMATION SYSTEM

The Dental Management Information System (DENMIS) was developed for use by DTFs who submit data to the Bureau of Medicine and Surgery (BUMED). Functional support is provided by Naval Medical Information Management Center (NMIMC), Bethesda, MD. Technical support is provided by Space and Naval Warfare System Center (SPAWARSYSCEN), Chesapeake, VA. DENMIS has the capability to process the following types of information:

- Dental Workload reports.
- Unit and individual Operational Dental Readiness reports.
- Provider Treatment Time reports.
- Patient and Unit Dental Treatment Needs reports (also referred to as ad hoc reports).

AC00-013-FA10 N/A

USS WASP
ACTIVITY

[illegible]

Figure 2-1.—Dental Appointments, Daily, NAVMED 6600/5

NAME SEAMAN, A. B.			GRADE/RATE SN	
DENTAL OFFICER DR. SMITH			ROOM NUMBER #2	
DAY	DATE	HOUR	ARRIVED	DEPARTED
Wed	HFE899	1300		

DENTAL APPOINTMENT, NAVMED 6600/6 (REV. 2-74) FRONT
S/N 0105-LF-210-6660 (Over)

(FRONT)

NAVMED 6600/6 (REV. 2-74) BACK

1. Bring this card with you.
2. Brush your teeth before reporting.
3. Bring your dental chart if it is not at this activity.
4. Telephone 26531-26129-26854 if you are unable to keep this appointment.

(BACK)

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Figure 2-2.—Dental Appointment Card, NAVMED 6600/6.

DENTAL APPOINTMENT SLIP			
INSTRUCTIONS			
<ol style="list-style-type: none"> 1. Please meet the appointment (s) made for you promptly. 2. Bring this slip with you and give it to the appointment clerk. 3. If you are unable to keep this appointment, cancel at least <u>24 hours</u> in advance. 4. Distribution: a. original - member copy b. duplicate - member's command / department / division c. triplicate - patient's record 			
PHONE NUMBERS			
NTTC CORRY STATION: Active Duty Lines: 452-6531 / 6129 / 6854			
Name: Last name, first, middle initial SEAMAN, Abel B.		Grade - rate SN	
Organization USS WASP	Duty phone 234-5678	Date issued 09 FEB 99	
APPOINTMENT DATA			
DAY	DATE	HOUR	DOCTOR
1. WED	11 FEB 99	1300	SMITH
2.			
3.			
4.			
5.			
REMARKS			
Appointment Slip, Dental - NTTC Corry Station, 6600/6B (Rev. 5/97)			

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Figure 2-3.—Dental Appointment Slip.

- For class 3 or 4 patients that require operative or prophylaxis, and so forth.

The current version of the DENMIS User's Guide will provide dental personnel with the information necessary to effectively use DENMIS. The manual contains sign-on, data entry, screen format, and sign-off procedures. The structure of this manual is designed to assist the user in reporting provider productivity through the Dental Information Retrieval System (DIRS) in a timely manner.

DENTAL INFORMATION RETRIEVAL SYSTEM

The Daily DIRS record (formally known as NAVMED 6600/11) is designed to give providers a record of treatment performed daily, as well as time involved in patient care and nonpatient care functions. Every provider in a DTF keeps track of the clinical or laboratory procedures he or she does. These procedures are recorded on a daily DIRS form and turned in at the end of the workday. Figure 2-4 illustrates a blank daily DIRS form that is used by a dentist for operative or general dentistry. Your command will have other specialized forms depending on where you are assigned. For example, if you were assigned in the X-ray department, your daily DIRS form would have descriptions and codes to identify X-ray procedures you perform. The daily DIRS forms are produced locally for each DTF. Each provider's procedures are compiled at the end of each month and submitted via DENMIS.

HEALTH CARE RELATIONS PROGRAM

The delivery of quality health care has always been a driving force in the operational and managed care environment of Dental Treatment Facilities (DTFs). The Navy's Health Care Relations Program, BUMED Instruction 6300.10, provides general guidance to the establishment of this program. The program has three parts, which are Internal, External and Patient Relations.

PATIENT CONTACT PROGRAM

All Navy dental and medical treatment facilities have in place and use what is called the "Patient Contact Point Program." It is through this program, administered in each Navy Dental Clinic's in-house instructions that all patients and beneficiaries are able

to voice and document how they are treated and are able to report any unsatisfactory or satisfactory complaints or compliments concerning the treatment they have received.

PATIENT CONTACT REPRESENTATIVE

In all Navy dental clinics, a patient contact representative is appointed in writing by the commanding officer. This person's picture is posted in the front desk or reception area and should be visible for all patients to see. All patient complaints or compliments are channeled through the patient contact representative and then up the chain of command for action. Validated patient compliments and complaints are incorporated into the command's annual assessment for the Quality Assurance (QA) Program. Follow BUMEDINST 6010.13 and your clinic's instruction for follow-up actions and reporting instructions.

PATIENTS' BILL OF RIGHTS AND RESPONSIBILITIES

Post the Patients' Bill of Rights and Responsibilities next to the Patient Contact Representative's picture in the reception area. Figure 2-5 illustrates the Patients' Bill of Rights and responsibilities.

PATIENT SURVEYS

Patient survey forms should also be located at the front desk area. These forms are originated at each clinic and ask the patients different questions regarding their visit. These forms will also ask for any suggestions that might improve the services provided. Completed forms are turned into the front desk personnel or may be placed in a suggestion box located in the reception area. Surveys are compiled and submitted with the command's annual assessment of the QA Program per BUMEDINST 6010.13.

DENTAL TREATMENT RECORDS

An essential part of the receptionist or clerical duties of a dental assistant is preparing and maintaining the dental record jacket and associated forms. Please note that the old Dental Treatment Record (NAVMED 6150/10-19) is being replaced by the new dental record jacket (NAVMED 6150/21-30). Instructions for completing the NAVMED 6150/21-30

can be found in the Dental Treatment Record Manual dated December 1997. This manual will eventually be incorporated into MANMED, Chapter 6.

PREPARATION OF THE DENTAL RECORD JACKET

A Dental Record Jacket, (NAVMED 6150/21-30) should be established for every individual receiving dental care in a Navy DTF, except when dental care is limited to participation in a group preventive dentistry program. Dental records prepared for eligible beneficiaries should be placed in the custody of the DTF responsible for the individual's dental treatment. The following procedures for establishing dental records apply to all eligible beneficiaries receiving outpatient dental care. Figure 2-6 is a sample of the front cover of a dental record jacket (NAVMED 6150/21-30). Refer to figure 2-6 for guidance for preparing dental records using the specific instructions discussed next.

Use an indelible, black, felt-tip pen, black ink, or pencil, as indicated to record all patient identifying data sections.

Social Security Number (SSN)

The second to the last digit of the SSN is preprinted on the dental record jacket. The preprinted digit also matches the last digit of the form number (e.g., the preprinted digit on NAVMED 6150/26 is a 6). The color of the treatment record jacket corresponds to the preprinted digit as follows:

<u>Preprinted Digit</u>	<u>Jacket Color</u>
1	Green
2	Yellow
3	Gray
4	Tan
5	Blue
6	White
7	Almond
8	Pink
9	Red
0	Orange

Jacket Selection and Entries

Select a prenumbered NAVMED 6150/21-30 jacket matching the second to last number of the

Patients' Bill of Rights and Responsibilities

RIGHTS

1. **Medical Care and Dental Care.** The right to quality care and treatment consistent with available resources and generally accepted standards. The patient has the right also to refuse treatment to the extent permitted by law and Government regulations, and to be informed of the consequences of his or her refusal. When concerned about the care received, the patient has a right to request review of the adequacy of care.
2. **Respectful Treatment.** The right to considerate and respectful care, with recognition of his or her personal dignity.
3. **Privacy and Confidentiality.** The right, within law and military regulations, to privacy and confidentiality concerning medical care.
4. **Identity.** The right to know, at all times, the identity, professional status, and professional credentials of health care personnel, as well as the name of the health care provider primarily responsible for his or her care.
5. **Explanation of Care.** The right to an explanation concerning his or her diagnosis, treatment, procedures, and prognosis of illness in terms the patient can be expected to understand. When it is not medically advisable to give such information to the patient, the information should be provided to appropriate family members or, in their absence, another appropriate person.
6. **Informed Consent.** The right to be advised in non-clinical terms of information needed to make knowledgeable decisions on consent or refusal for treatments. Such information should include significant complications, risks, benefits, and alternative treatments available.
7. **Research Projects.** The right to be advised if the facility proposes to engage in or perform research associated with his or her care or treatment. The patient has the right to refuse to participate in any research projects.
8. **Safe Environment.** The right to care and treatment in a safe environment.
9. **Medical Treatment Facility (MTF) or Dental Treatment Facility (DTF) Rules and Regulations.** The right to be informed of the facilities' rules and regulations that relate to patient or visitor conduct. The patient should be informed about smoking rules and should expect compliance with those rules from other individuals. Patients are **entitled** to information about the **MTF or DTF mechanism** for the initiation, review, and resolution of patient complaints.

RESPONSIBILITIES

1. **Providing Information.** The responsibility to provide, to the best of his or her knowledge, accurate and complete information about complaints, past illness, hospitalizations, medications, and other matters relating to his or her health. A patient has the responsibility to let his or her primary health care provider know whether he or she understands the treatment and what is expected of him or her.
2. **Respect and Consideration.** The responsibility for being considerate of the rights of other patients and MTF or DTF health care personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the facility.
3. **Compliance with Medical Care.** The responsibility for complying with the medical and nursing treatment plan, including followup care, recommended by health care providers. This includes keeping appointments on time and notifying the MTF or DTF when appointments cannot be kept.
4. **Medical Records.** The responsibility for ensuring that medical records are promptly returned to the medical facility for appropriate filing and maintenance when records are transported by the patients for the purpose of medical appointment or consultation, etc. All medical records documenting care provided by any MTF or DTF are the property of the U.S. Government.
5. **MTF and DTF Rules and Regulations.** The responsibility for following the MTF or DTF rules and regulations affecting patient care conduct. Regulations regarding smoking should be followed by all patients.
6. **Reporting of Patient Complaints.** The responsibility for helping the MTF or DTF commander provide the best possible care to all beneficiaries. Patients' recommendations, questions, or complaints should be reported to the patient contact representative.

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Figure 2-5.—Patients' Bill of Rights and Responsibilities.

The diagram shows the front cover of a Dental Record Jacket. At the top is a Social Security Number (SSN) scale with digits 0-9 and two diamond-shaped boxes for the last two digits. Below this is a section for 'PERSONAL DATA' with fields for 'COMMAND' and 'TITLE'. To the right is a section for 'PATIENT'S FULL NAME' with fields for 'LAST', 'FIRST', and 'MIDDLE'. Below the name section is a large box for 'ANNUAL VERIFICATION' with a vertical list of years from 1996 to 2014. To the left of the name section is a section for 'Service and Status' with checkboxes for 'Outpatient Treatment Record', 'Dental Treatment Record', 'Military', 'Family Member', 'Retired', 'Civilian', 'Personnel Reliability Program', 'Blood Type', 'Flight Status', 'Food Handler', 'Radiation Exposure', 'Asbestos Surveillance', and 'Medical Condition'. Below this is an 'Alert' section with checkboxes for 'Allergies' and 'Sensitivities'. At the bottom is a 'U.S. Navy Medical Outpatient and Dental Treatment Record' title and a 'NAVMED 6150/21-30' code. Numbered callouts 1 through 10 point to various parts of the form: 1 points to the 'Service and Status' section, 2 points to the 'Pencil Entries' section, 3 points to the SSN scale, 4 points to the 'Patient's Family Member Prefix Code' section, 5 points to the 'Sponsor's SSN' section, 6 points to the 'Patient's Full Name' section, 7 points to the 'Center page; Privacy Act Statement (front), Disclosure Record (back)' section, 8 points to the 'Back page; Place black tape on last digit of SSN, Forensic Examination (front)' section, 9 points to the 'Alert box', and 10 points to the 'Annual verification (ignore)' section.

1 Service and Status

2 Pencil Entries

3 Place black tape on last digit of SSN

4 Patient's Family Member Prefix Code

5 Sponsor's SSN

6 Patient's Full Name

7 Center page; Privacy Act Statement (front), Disclosure Record (back)

8 Back page; Place black tape on last digit of SSN, Forensic Examination (front)

9 Alert box

10 Annual verification (ignore)

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Figure 2-6.—Sample front cover of a Dental Record Jacket (NAVMED 6150/21-30).

sponsor's SSN. Enter the first seven digits and the ninth digit of the sponsor's SSN on the top right portion of the jacket. Using a 1-inch long, 1/2-inch wide strip of black tape, tape over the number that corresponds to the last digit of the SSN in each of the two number scales. The tape must completely blacken out the number and extend around the edge of the jacket to the back.

Patients Without SSNs

For patients who do not have an SSN (e.g., foreign personnel and their family members), create a

"substitute" SSN by coding the first three digits with 800 and the last six digits as the month, day, and year of the patient's birth (i.e., MM-DD-YY). As an example for a patient who was born on July 10, 1945, assign SSN 800-07-1045. For patients with the same birth date, assign the first three digits sequentially starting with 801, followed by the birth date. Select a prenumbered NAVMED 6150/21-30 jacket, matching the second to the last number of the patient's "substitute" SSN, and complete the jacket from the instructions in this section.

Family Member Prefix (FMP) Codes

Enter the patient's FMP code in the two diamonds preceding the SSN using Table 1-1.

DATA ON FRONT COVER OF THE DENTAL RECORD JACKET

All entries on the front cover, except "Pencil Entries" are made with black felt-tip pen. Use the following instructions to complete the next sections.

Name

Enter the patient's name in the upper-right corner in the following sequence: last, first, middle. Indicate no middle name by the abbreviation "NMN." The name should be written on the line provided. For all

retired flag and general officers (i.e., 0-7 and above), enter the phrase "FLAG OFFICER" or "GENERAL OFFICER," as appropriate, in the lower portion of the patient's identification box.

Alert

Immediately below the instruction box, indicate in the alert box whether the patient has sensitivities or allergies by entering an "X" in the appropriate boxes (if none, leave blank).

Pencil Entries

Enter the patient's command and grade or rate for active duty. For all others enter their preferred form of address.

Table 1-1.—Family Member Prefix Codes

<u>Relationship to Sponsor</u>	<u>FMP Code</u>
Sponsor's oldest child (including stepchildren)	01
Sponsor's next oldest child	02
Sponsor's third oldest child, etc.	03
Sponsor (active duty, retired, and Reserve uniformed services personnel of Army, Air Force, Marine Corps, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration)	20
* Sponsor's current spouse	30
* Sponsor's eligible former spouses	31-39
Sponsor's family member mother/stepmother	40-44
Sponsor's family member mother-in-law	50-54
Sponsor's family member father-in-law	55-59
Other authorized sponsor's family members	60-69
Beneficiaries authorized by statute (SECNAV designees, etc.)	90
Non-beneficiary emergencies	98
All other authorized personnel (foreign national, etc.)	99
* The spouse of a deceased sponsor will continue to use the sponsor's SSN. If the sponsor had no SSN, use the sponsor's military serial or service number preceded by leading zeros to complete a 9-digit number.	

Record Category

Below the pencil entries box, indicate the record category by entering an “X” in the box marked “Dental Treatment Record.”

Service and Status

Immediately below the record category box, indicate the sponsor’s branch of military service by entering an “X” in the appropriate box. If the sponsor is not an active duty Navy or Marine Corps member, enter an “X” in the “Other” box and write the service and rank/rate on the line provided. Check remaining boxes in this section as applicable with additional comments as follows:

- Retired. Check box if applicable and indicate service and rank/rate on line provided.
- Family Member. Check box if applicable and indicate relationship to sponsor.
- Family Member Insurance. Check “Yes” or “No” regarding dental insurance the family member may have. (e.g. United Concordia Companies, Inc. (UCCI), DELTA, HUMANA, etc.)
- Blood Type. Indicate blood type of patient.

Annual Verification

The annual verification section is located on the right-hand side of the jacket and starts with the year 1996-2014. Leave this section blank. This block should not be completed for dental records.

DATA ON INSIDE FRONT COVER OF THE DENTAL RECORD JACKET

The format printed on the inside of the jacket front cover (fig. 2-7) should be completed in pencil only. This information should be entered at the time of record check-in (receipt) and should be kept current at all times by erasing previous, outdated entries. Have member complete blocks that are applicable. Most blocks are self-explanatory.

Imprint of DD 2005, Privacy Act Statement

The Imprint of DD 2005, Privacy Act Statement form (fig. 2-8) is preprinted and located in front of the center page in the dental record jacket. It must be signed in black ink by the patient, the parent, or the guardian must sign if the patient is a minor.

Disclosure Accounting Record

The Disclosure Accounting Record (fig. 2-9) is preprinted and located on the back of the center page of the dental record jacket. It is self-explanatory and will be filled out as needed.

Forensic Examination

The Forensic Examination form is preprinted and located on the inside back cover of the dental record jacket. The instructions for completing the Forensic Examination Form are discussed in *Dental Technician, Volume 2, Chapter 2, “Dental Examinations.”*

Record Retirement Tape

For records of non-military patients, a tentative record retirement date (retirement year) should be indicated on all dental records by attaching a colored tape in the box marked “Retired Year Tape” on the

PENCIL ENTRIES ONLY!		
ARRIVAL DATE		PROJECTED ROTATION DATE
LOCAL HOME ADDRESS (OR MAILING ADDRESS)		LOCAL HOME TELEPHONE
COMMAND UIC (OPTIONAL)	WORK TELEPHONE	IF A FAMILY MEMBER, SPONSOR'S WORK TELEPHONE

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Figure 2-7.—Data on inside front cover of the dental record jacket.

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS		
<i>THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.</i>		
1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN) <p>Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.</p>		
2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED <p>This form provides you with the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.</p>		
3. ROUTINE USES <p>The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.</p>		
4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION <p>In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.</p> <p>This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.</p> <p>Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.</p>		
SIGNATURE OF PATIENT OR SPONSOR	SSN OF MEMBER OR SPONSOR	DATE

DD

FORM
1 FEB 76

2005

PREVIOUS EDITION IS OBSOLETE

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Figure 2-8.—DD 2005, Privacy Act Statement.

CATEGORY TAPE” box, according to the following categories listed below:

<u>Record Category</u>	<u>Color Tape</u>
Active duty military (This includes reserves on active duty over 30 days)	Blue
Reserve military, not on active duty	Red
Family member(s)	Yellow
Retired	Green
All others	Black

DENTAL CLASSIFICATION TAPE

Color-coded dental classification tapes are no longer used on the upper right-hand corner on the inside back cover of the Dental Record Jacket.

IDENTIFICATION OF FORMS

It is imperative that all forms documenting patient care contain adequate data to identify the patient and permit filing of the forms in the dental record. All data elements in the dental examination and treatment forms should be completely filled out. All other forms filed in the dental records should, at a minimum, contain the following data in the identification block:

- Patient’s FMP and sponsor’s SSN.
- Patient’s name (last, first, middle initial).
- Sponsor’s branch of service (e.g., Army, Navy, or Air Force) and patient’s status (e.g., family member or retired).

ARRANGEMENT OF FORMS

Prescribed forms will be filed in the dental record in the following order. The forms will be arranged in top to bottom sequence; like-numbered forms will be grouped together with the most recent form placed on top of each previous form, unless otherwise specified below.

INSIDE FRONT COVER OF DENTAL RECORD JACKET

Forms should be filed in the inside front cover of the dental record jacket as follows:

1. Unmounted radiographs in envelopes.
2. Sequential bitewing radiograph.

3. Panoramic or full-mouth radiographs.

Front of Dental Record Jacket Center Page

Forms should be filed in the front of the dental record jacket center page as discussed in the following paragraphs:

(NAVMED 6600/3)—Dental officers, civilian dentists, and auxiliary personnel providing direct patient care must ensure that each patient has a completed, current Dental Health Questionnaire, in his/her dental treatment record before performing an examination or providing dental treatment. The NAVMED 6600/3 (fig. 2-10) must be filled out and signed by each patient. This must be reviewed, dated, and signed by the first dentist who conducts the examination or dental treatment. For minors, i.e., under the age of consent or majority in the applicable jurisdiction, the parent or guardian must fill out the form and sign in the patient’s signature block of the question, using his or her name and not the child’s name.

Each dental care provider must indicate, in the dental treatment section of the EZ603A that the questionnaire has been reviewed and updated by the patient. Dentist must also annotate on the EZ603 in the “O” objective block, sections marked “HQ dated,” “Reviewed,” and “HQR Finding.”

During annual dental exams, patients need only to review, date, and sign the current questionnaire if health status has not changed. Whenever a significant change in medical history or health status occurs, a new questionnaire must be filled out, dated, and signed.

The initial and all later Dental Health Questionnaires are permanently maintained in the Dental Treatment Record. For conditions that require medical clarification, use the SF 513 (Consultation Sheet). Document the consultation on the EZ603-Dental Exam Form and in the Summary of Pertinent Findings section of the NAVMED 6600/3. BUMED Instruction 6600.12 provides guidance for the Dental Health Questionnaire.

BACK OF DENTAL RECORD JACKET CENTER PAGE

On this page of the dental record jacket, place all Dental Exam Forms, EZ603s (Plan “P” side up) in reverse chronological order.

DENTAL HEALTH QUESTIONNAIRE				Personal Data - Privacy Act of 1974				BUMEDINST 6600.12			
My Chief Complaint or Reason for this Examination Is: _____											
HAVE YOU EVER HAD OR HAVE YOU NOW: (Please check at the Right of each item)											
(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW
Epilepsy or Seizures				Hemophilia				Ulcers			
Fainting or Dizziness				Bruise or Bleed easily				Kidney problems			
Nervousness				Heart problems or Angina				Venereal disease			
Stroke				Hypertension				Diabetes			
Glaucoma				Rheumatic fever				Thyroid disease			
Cold sores (Herpes)				Heart murmur				HIV +			
Persistent cough				Mitral valve prolapse				Arthritis			
Emphysema				Congenital heart lesions				Painful joints (incl. jaw)			
Tuberculosis/PPD positive				Heart surgery				Prosthetic joint(s)			
Asthma				Prosthetic heart valve(s)				Hives			
Hay fever				Pacemaker				Steroid medication(s)			
Sinus problems				Blood transfusion(s)				Drug addiction			
Anemia				Liver disease				Alcoholism			
Sickle cell disease				Yellow jaundice				Unexplained weight change			
G-6PD deficiency				Hepatitis- type: _____				Cancer/radiation			
1. Have you ever been told that you should not donate blood? _____											
2. Have you ever been told that you need antibiotics before dental treatment? _____											
3. Females: Are you taking birth control pills (BCPs)? _____											
Are you or might you be pregnant? (Estimated delivery) _____											
Are you breast feeding at the present time? _____											
4. Do you have a disease, condition, or problem not listed above? _____											
If Yes, Please Describe: _____											
INSTRUCTIONS: Please answer the following questions by circling, and if applicable by entering the appropriate response: If yes, describe - If no, please write "no/none"											
1. Are You In: Flight Status? . . Yes No / Personnel Reliability Program? YES NO											
2. Are You Presently Ill Or Under The Care Of A Physician YES NO											
If Yes, Please Describe: _____											
History Of Hospitalizations: _____											
(Including Cancer Treatment) _____											
3. Any Allergies? (Including Rubber) _____											
4. Medications Presently Taking: _____											
(including aspirin, etc.) _____											
Any Family History Of: (Circle)				Your Social History:				Occupation/Jobs: _____			
Heart Disease Cancer				● Type and frequency of: _____							
Diabetes Seizures				● Tobacco use: (age started?) _____							
				● Alcohol consumption: _____							
Patient's Signature _____ Date _____						Dental Officer's Signature _____ Date _____					
Patient's Signature _____ Date _____						Dental Officer's Signature _____ Date _____					
Patient's Signature _____ Date _____						Dental Officer's Signature _____ Date _____					
Patient's Signature _____ Date _____						Dental Officer's Signature _____ Date _____					
SUMMARY OF PERTINENT FINDINGS/RECOMMENDED TREATMENT MODIFICATIONS: (Dentist's use only)											
PATIENT'S IDENTIFICATION (Use Space for Mechanical Imprint)				Patient's Name (Last, First, Middle initial)				SEX			
				DATE OF BIRTH		RELATIONSHIP TO SPONSOR		COMPONENT/STATUS		DEPART/SERVICE	
				SPONSOR'S NAME				Rank/Grade			
				SSN OR IDENTIFICATION NO.				ORGANIZATION			

NAVMED 6600/3 (Rev. 1-92)

S/N 0105-LF-013-7700

Figure 2-10.—NAVMED 6600/3, Dental Health Questionnaire.

INSIDE BACK COVER OF DENTAL RECORD JACKET

On this page of the dental record jacket, place all dental forms listed below in the order given.

1. Record Identifier for Personnel Reliability Program, NAVPERS 5510/1 (if applicable).
2. Current Status Form.
3. Reserve Dental Assessment and Certification Form, NAVMED 6600/12 (if applicable).
4. Most current Dental Treatment Form, EZ603A.
5. Previous Dental Treatment Forms (EZ603As, Old SF603s and 603As) in reverse chronological order.
6. Consultation Sheet, SF 513 (when related to dental treatment).
7. Narrative Summary, SF 502 (when related to dental treatment).
8. Doctor's Progress Notes, SF 509 (when related to dental treatment).
9. Tissue Examination, SF 515 (if required).
10. Request for the Administration of Anesthesia and for Performance of Operations and Other Procedures, SF 522 (if required).

ADDITIONAL FORMS

Under the following conditions, additional dental treatment forms are approved for inclusion in the dental record.

Other health care treatment forms (e.g., Veterans Affairs (VA), Office of Personnel Management (OPM), Compensation Act (CA), Standard Forms (SF), and optional forms (OF), and civilian practitioner forms) not prescribed may be incorporated in the dental record when considered necessary to document care and treatment. The forms shall be filed in the inside back cover of the dental record jacket at the bottom of the last authorized form listed above (e.g., SF 522), numbered forms grouped together with the most recent form placed on top of each previous form.

Pertinent health care information, necessary to document treatment, but not available on authorized forms as listed above, may be filed in the treatment record. When feasible, attach the form to the appropriate approved form (e.g., attach summaries of

reports from civilian practitioners to EZ603 or old SF 603) in the proper sequential order.

MAINTENANCE OF THE DENTAL RECORD

In the previous section, we discussed the NAVMED 6150/21-30 and the various forms associated with the record. Part of your duties as dental receptionist and Dental Technician are to properly maintain the dental treatment records and know how to file and retrieve them. To accomplish this, you must understand the following:

- SSN Number Groups
- Terminal Digit Filing System (TDFS)
- Internal Chargeout Control
- Records review

SSN Number Groups

The nine digits of the SSN are divided into three number groups for ease in reading. This reduces the chance of transposing numbers. For example the SSN 123-45-6789 is visually grouped and read from right to left as follows:

<u>Primary Group</u>	<u>Second Group</u>	<u>Third Group</u>
89	67	123-45

Terminal Digit Filing System

File dental records by SSN, according to a terminal digit, color-coded, and blocked filing system. Under this system, the central files are divided into approximately 100 equal sections, which are identified by a maximum of 100 file guides bearing the 100 primary numbers, 00 consecutively through 99.

Each of these 100 sections contain all records whose terminal primary digits (last two numbers) correspond to the section's primary number. For example, every record with the SSN ending in 89, is filed in section 89.

Within each of these 100 sections, dental records are filed in numerical sequence according to the second group of numbers. For example, SSNs ending with 6789, 5489, and 8889 would be filed in the order 5489, 6789 and 8889.

Centralized files having records based upon more than 200 SSNs, or a file of more than 200 records, may need to use the third group of numbers in filing if

records having the same primary and second group of numbers exist. For example, SSNs ending with 45-6789, 50-6789, and 46-6789 would be filed in the order 45-6789, 46-6789, and 50-6789.

In a properly developed and maintained terminal digit, color-coded and blocked filing system, it is almost impossible to misfile a record. A folder misfiled with respect to the left digit of its primary number, for example an 89 that has been inserted among the 95's, will attract attention because of its different folder color. A folder misfiled with respect to the right digit of its primary number, for example an 89 that has been inserted among the 82's, causes a break in the diagonal pattern formed by the blocking of the black tape that corresponds to the last digit of the SSN in each of the two number scales on the top and sides of the dental record jacket.

When filing dependent records, you will have a "group" of records with the same SSN. In this instance, arrange the records in ascending number order by family prefix code (e.g., 01-, 02-, 03-, 30-).

Internal Chargeout Control

One of the largest problems a dental command can encounter with dental treatment records are misfiled, lost, or missing records. The personnel who are responsible for the maintenance and upkeep of the records can greatly reduce this incident from occurring by filing the records in the correct order and by using a chargeout form and chargeout guide, which are discussed next.

CHARGEOUT FORM.—NAVMED 6150/7, Health Record Receipt (fig. 2-11), should be used for chargeout control of dental records. A receipt is prepared for each dental record established and should be filed in the record. The following should be recorded in each health record receipt when the treatment record is received:

- Patient's name (last, first, middle).
- Sponsor's grade or rate.
- Patient's FMP code and sponsor's SSN.

Ship or station to which sponsor is assigned. Use home address for retired personnel and their family members and for those family members of active duty personnel when the sponsor is assigned duty out of the area.

When a patient checks his or her record out, ensure the date block is filled out and that the member signs

HEALTH RECORD RECEIPT FILE CHARGEOUT AND DISPOSITION RECORD NAVMED 6150/7 (2-74)	
NAME (Last) (First) (Middle)	
GRADE/RATE	SSN
SHIP/STATION	
RECEIVED FROM	DATE
TRANSFERRED TO	DATE
REMARKS:	
<p align="center">INSTRUCTIONS</p> <p><i>This form is designed for use as a permanent record of receipt and disposition of the HEALTH RECORD.</i></p> <p>(A) For each HEALTH RECORD received, complete lines 1 through 4 and file in the HEALTH RECORD.</p> <p>(B) Upon transfer complete line 5 and retain form in permanent files.</p> <p>(C) Whenever HEALTH RECORD is temporarily removed from files enter information provided for below and retain form in HEALTH RECORD files.</p>	
FILE CHARGE-OUT	
DATE	RECEIVED BY AND/OR LOCATION
<p>S/N 0105-LF-209-5071 U.S. Government Printing Office: 1966 - 704-002/42121</p>	

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Figure 2-11.—NAVMED 6150/7, Health Record Receipt.

his or her name and to what location they are taking the record. The completed chargeout form should be retained in the terminal digit file until the record is returned. Records charged out from the file should be returned as soon as possible after the patient's visit, but not more than 5 working days. Addressees shall develop local procedures for the recovery of delinquent treatment records.

CHARGEOUT GUIDE.—If open-shelf filing is used for dental records, a chargeout guide may be used in conjunction with the chargeout form. A chargeout guide is a plastic "folder" with a "pocket." The chargeout form should be placed in the pocket and the chargeout guide placed in the file in place of the

patient's record until the record is returned. By using different colored chargeout guides to denote the day or week that a record is charged out from the file, a quick reference is provided.

Records Review

Also included in your duties for the upkeep of dental records is records review. You may be responsible to identify inactive records, verify records, and to process dental records that are illegible or contaminated.

INACTIVE RECORDS.—Dental records become eligible for retirement because of inactivity. However, allowances will be made for longer sponsor tours of duty, extensions of the sponsor's projected rotation date, and back-to-back tours of duty in the same area. Problems arise as a result of premature retirement of a dental record of a patient who has not requested treatment during the previous 2-year period. Dental records are not retired without an attempt to verify the sponsor's duty status and location. To retire records, you should use MANMED, Article 16-20.

VERIFICATION OF RECORDS.—Dental records should be verified for accuracy when transferred, retired, or at other times as directed by the director of the DTF. At these times, records should be reviewed for proper identification, placement of forms, and completion of the record jacket according to MANMED, Chapter 6. Listed below are some of the specifics of record verification procedures that you will look at:

Verify the record with the patient present, if possible.

Cross-check the military patient's name or sponsor's name against a current roster of the patient's or sponsor's last known unit. **This is essential.**

- Verify that the Privacy Act statement has been signed.
- Verify that pencil entries are complete and accurate.
- Verify the treatment plan is current (i.e., the treatment plan is not over 12 months old).
- Appoint the patient for treatment if the patient is dental class 3. Appoint the patient for a T-2 examination if the patient is dental class 1 or 2 and 12 months or more have elapsed since the last T-2 examination.

ILLEGIBLE OR CONTAMINATED DENTAL RECORDS.—For individual records, duplicate dental record forms whenever they approach a state of illegibility or deterioration or become contaminated, and the future use or value as permanent records is endangered. The duplicate forms must be a reproduction of the original as much as possible. Enter the designation **DUPLICATE RECORD** on the front of the NAVMED 6150/21-30 above the block Dental Treatment Record when the entire contents of a dental record is duplicated. Use bold writing to make it stand out. When only part of the dental record is duplicated, identify the individual forms as **DUPLICATE** at the bottom of each form. MANMED, Article 16-19 provides further guidance on illegible or contaminated dental records.

REQUEST FOR MEDICAL/DENTAL RECORDS INFORMATION.—Occasionally, dental records may be left behind at a members previous duty station. Some commands may elect to mail dental records to the next duty station for personnel who transfer. Whatever the case may be, the Request for Medical/Dental Records or Information Form, DD 877, is used as shown in figure 2-12. The requesting DTF will complete blocks 1 through 10, (except 8b) and block 19. The DTF who receives the DD 877 will retrieve and verify the requested dental record(s) and will complete blocks 8b and blocks 11 through 14 or 15 through 18. The requesting DTF will keep the top copy and the DTF who retrieves the dental record will keep the second copy. Files are set up for the DD 877 and arranged in alphabetical order. The DD 877 is sent via U.S. Mail.

TRANSFER OF THE DENTAL RECORD

The following procedures are designed to protect against loss or misfiling of the dental record during transfer between treatment facilities without jeopardizing the interest of the individual or the federal government.

Temporary Transfers, Active Duty

When a dental record is transferred temporarily to another activity (e.g., for consultation or specialty treatment), follow the procedures discussed in the internal chargeout control section in this chapter.

HANDCARRYING PERSONAL DENTAL RECORD.—Patients frequently handcarry their dental records when they have an appointment external to the record keeping DTF. If resources and time

Figure 2-12.—Request for Medical/Dental Records or Information, DD Form 877.

permit, however, the record should be delivered to the consulting provider with instructions to return it the same way. Do not jeopardize patient care or unnecessarily inconvenience the patient.

HANDCARRYING FAMILY MEMBER'S DENTAL RECORD.—When an adult patient's dental record is handcarried by someone other than the patient (spouse or an adult family member), release of the record must be authorized by the patient. Dental records of minor children may be released to the parent, sponsor, spouse, other adult family member, or the child's legal guardian. In divorce cases, a child's dental record may only be released to the parent who has been awarded custody of the child by a court order.

COPIES OF DENTAL RECORDS.—Excerpts from or copies of dental records for the patient may be approved by the treating dentist or DTF director.

Permanent Transfer to Ships or Stations

At the time of patient checkout from the DTF, personnel that are responsible for the release of dental records will ensure the following steps are completed. Further guidance for permanent transfers is found in MANMED, chapter 16.

- If no dental record exists, construct a new dental record following the instructions in this chapter and MANMED. Have a dentist perform a T-2 dental examination.
- Verify dental record.
- Ensure patient has been processed for transfer.
- Complete dental record chargeout.
- Allow active duty members to handcarry their dental record, unless the DTF or member's command determines it is not in the Navy's or members's interest to do so. If the dental record is not to be handcarried, forward it via certified mail along with a DD Form 877, Request for Medical/Dental Records Information, or place dental record in the custody of authorized personnel.

Temporary Dental Records

In certain cases, a DTF may require the establishment of a temporary dental record, in addition to the patient's permanent dental record. Temporary records are required to ensure the timely availability of information that documents a current course of treatment for a patient being seen in the DTF. An

example is a military member on temporary additional duty (TAD) without his or her dental record who requires emergency dental treatment.

CUSTODY OF TEMPORARY DENTAL RECORD.—The temporary dental record is maintained by the DTF providing the current course of treatment. When the treatment is complete or when the patient returns to the location of the permanent dental record, the patient may handcarry the record or the custodian of the temporary record must forward it to the custodian of the permanent record.

CONSTRUCTION OF TEMPORARY DENTAL RECORD.—The temporary dental record must, at a minimum contain the following:

- Privacy Act Statement, DD 2005
- Dental Health Questionnaire, NAVMED 6600/3
- Dental Treatment Form, EZ603A

If a dental record jacket is not used, care must be taken to securely fasten any radiographs to the forms comprising the temporary dental record.

DISPOSITION OF TEMPORARY DENTAL RECORD.—As soon as possible, the temporary dental record must be merged with the permanent dental record including all forms except the Privacy Act Statement. An entry must be made in the permanent dental record's most current dental treatment form that the merger has occurred.

LOOSE TREATMENT FORMS.—When loose treatment forms are discovered, every effort should be made to determine the present location of the dental record. If reasonable search efforts do not locate the dental record, retain loose treatment forms for a period of 1 year. Upon expiration of the retention period, destroy the forms locally according to paragraph six of the standard identification code 6150 contained in SECNAVINST 5212.5.

RETIREMENT OF THE DENTAL RECORD

Dental records should be verified and retired as instructed in the section "Inactive Records" in this chapter. Records should be retired to the National Personnel Records Center, Military Personnel Records, St. Louis, Missouri.

RELEASE OF INFORMATION

Information in the dental record is personal and is considered privileged. Treatment records should not

be released to any person or organization in a manner that will compromise the interest of the individual or the government. All record disclosures should be documented with entries in the Disclosure Accounting Record imprinted on the back of the center page of the NAVMED 6150/21-30.

SUPPLY PROCEDURES

A competent dental assistant can increase the efficiency, productivity, and reduce the operational cost in a dental treatment room (DTR) by using proper supply procedures. It costs time and money to run out of necessary supplies. It is also wasteful and expensive to order and store items that are never used.

You will use a supply catalog to order supplies. Some facilities make up a catalog for local use, listing frequently ordered items. To order an item, look it up in the catalog and fill out the appropriate "request for issue" form. These forms may vary slightly in format but they all require the same basic information. It is important that you fill out the form accurately and completely. It is important to know the nomenclature, identification, and distribution data.

When your supplies arrive, check the items against your order form to ensure you receive the items and quantities that you ordered. Also check broken seals or loose parts. If you discover anything out of the ordinary, notify your supervisor. After supplies have been checked, store them in a manner consistent with the manufacturer's instructions to prevent spoilage or damage.

